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SHEPHERD I. FRANZ, GOVT. HOSP. FOR INSANE
HOWARD C. WARREN, PRINCETON UNIVERSITY (*Review*)
JOHN B. WATSON, JOHNS HOPKINS UNIVERSITY (*J. of Exp. Psych.*)
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PSYCHOPATHOLOGICAL NUMBER

EDITED BY E. E. SOUTHARD

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THE
PSYCHOLOGICAL BULLETIN

GENERAL REVIEW AND SUMMARY

GENERAL PSYCHOPATHOLOGY

BY E. E. SOUTHARD

Psychopathic Department, Boston State Hospital

The reviews and summaries of this number of the BULLETIN are intended to deal with general or theoretical psychopathology such as the large German textbooks on psychiatry set forth in the portions termed *general*, *e. g.*, in that portion of Kraepelin's well-known textbook termed "Phenomena of Insanity." The literature of what may with all due respect be termed the Freudian sect is not here extensively considered, since that literature is gathered in accessible special journals.

Perhaps the most important achievement of the year's literature is the publication of the fourth volume of Kraepelin's "Psychiatrie," containing the third and concluding section of the clinical portion of this work, which is now in its eighth edition. It seems worth while to review more or less extensively the entire work, 1909-1915. The first volume, dealing with general psychiatry, naturally contains much of interest to the psychologist. This volume, published in 1909, has its material distributed under five headings: Causes, external and internal; phenomena, perceptual, intellectual, emotional, volitional; course, outcome, and duration; diagnosis; and treatment.

The section on "Causes" devotes more attention than in previous editions to the matter of localization with reference to Gall and the modern phrenology of Möbius, Nissl, the cortex topographers (Brodman, Cajal, and Campbell), Wernicke, Flechsig, Liepmann. Kraepelin regards Wernicke's views as too simple and

dismisses somewhat shortly the Wernickean concept of somatic happenings as related with the innermost cell layers of the cortex, the consciousness of external happenings as related with intermediate layers, and consciousness of the self as related with outer layers; the concept which Wernicke briefly described as one of stratified deposits of ideas like the sedimentary formations of early geologic history.

A full recognition is granted of the newer notions of Liepmann concerning agnosia, described briefly as an absence of more or less widespread psychic resonance relative to sense impressions. Besides sensory agnosia Kraepelin also comments favorably on the so-called ideational (*ideatorisch*) agnosia, to which concept belong mind-blindness and mind-deafness in the wider sense of these terms. Kraepelin surmises that there is a group of very simple and habitual processes of recognition which are executed almost independently of attention, such as the processes connected with the starting movements of speech or strong feelings. Here he supposes the recognition depends upon cortex tissue very near the end stations of the sensory paths. Close connection with expressive movements might well be favored by limitation of the process to one hemisphere. Ideational recognition, on the other hand, can hardly be related with such narrow areas. The cortical basis of ideational recognition must rather be connected with processes widespread over the cortex, and in point of fact the ideational forms of agnosia are found to be related with widespread disease and not with focal lesions.

Kraepelin also comments at some length on the generalization of the aphasia doctrine to cover the whole wide field of apraxia. We must here distinguish, following Liepmann, between ideational and motor apraxia. The so-called "motor formula" of a planned act of the will is composed of a number of partial ideas of the aim of the act in question. Each of these particular processes must work in harmony with the chief aim of the act. The presupposition of any voluntary act is an idea of this purpose or end of the act in question. Under pathological conditions the motor formula may be false or incomplete to start with, or during the execution of the formula, additions, omissions, and transpositions may occur so as to interfere with the execution of the end proposed. This kind of thing is termed ideational apraxia and corresponds to the paraphasic and paragraphic disorders of the classical aphasia doctrine. This ideational apraxia, like the ideational agnosia above mentioned, cannot be produced by the destruction of circumscribed areas of

the cortex. Agnosia itself, however, is rather apt to falsify the motor formula and to produce apraxia. These agnostic disorders are apt to be related with lesions of the posterior parts of the cerebrum on account of the posterior situation of the chief sensory areas, and accordingly ideational apraxia is more commonly related with disorder of these posteriorly lying regions. Nevertheless the disorder remains commonly related to widespread cortex disease. If the motor formula is intact but its translation into actual action is perturbed, then we are dealing with motor apraxia. It is apparently true that motor apraxia may be produced through an inability on the part of the particular constituent impulses of a given motor formula to reach the proper discharging zones for the movement proposed. The relation of motor aphasia and agraphia to left-sided areas is well known. Liepmann has pointed out that the preferential usage of the right hand has given the left hemisphere a certain predominance in the execution of habitual voluntary acts. If the connection of these left-sided cortical areas habitually used in machine-like acts with the right hemisphere is interrupted by destruction of the commissural fibers of the corpus callosum, then according to Liepmann the total effect of the inuring of the left side to habitual processes is lost at a blow and the movements of the limbs on the left side become to a certain degree apraxic. Kraepelin calls attention to the value of studying agnosia and apraxia in psychiatric material. Agnostic phenomena are especially worthy of study in instances of extensive cortical destruction, as in general paresis, brain syphilis, and arteriosclerosis, but also in delirium tremens, the deliria in general, and in epileptic dazed states. Peculiar forms of apraxia and parapraxia are found in catatonia.

On the whole, Kraepelin is not enthusiastic as to the relation of mental phenomena to special regions of the brain. Tumors of the corpus callosum must be regarded as related with profound intellectual disorder, but whether this disorder is due to the destruction of the commissural fibers or to the involvement of cortex areas remains doubtful. Perhaps the most important point in this direction is still that of Oppenheim concerning the relation of *Witzelsucht* to destructive lesions of the frontal lobes.

A due weight is given by Kraepelin to all the sciences which must be drawn upon for the solution of these problems. He commends work upon artificial intoxications as the nearest pathological method of approach to the problem. Maniacal excitement is the

phenomenon which stands tentatively nearest to alcoholic intoxication, although the phenomena of paralysis are absent from mania. If the finest possible psychological analysis of these phenomena and the finest histological analysis of the cortex could be undertaken in experimental material, then our knowledge would widen. The closely comparable phenomena of presbyophrenia and of Korsakoff's disease might serve as an important material for analysis. On the whole, it is somewhat remarkable that Kraepelin, with his familiar Wundtian training, should go so far as he does in this edition to uphold some of the darling contentions of the localizers.

Incidentally, in the section on "Causes," Kraepelin takes up the Freudian contentions as to the causal significance of disorders of the sexual life in the matter of neuroses (neurasthenia and anxiety neuroses) and the psychoneuroses (hysteria and obsessive neuroses). According to Kraepelin, Freud holds the view that neurasthenia is produced by masturbation, anxiety neurosis by insufficient sexual satisfaction, and the psychoneuroses by the after effects of infantile sexual experiences, the memory of which has been repressed by the patients. Although Freud has given up the doctrine in this over-sharp form, still he remains inclined to attach extraordinary weight to sexual experience in the production of these forms of disease. Hysteria is a matter of repressed sexuality. The disorders of the sexual life are conceived as metabolic anomalies and somewhat resemble the phenomena of Graves' disease and of Addison's disease. Some of the Freudians have found traces of sexual childhood experiences in other disorders, such as the delusional formations of dementia præcox. Kraepelin in 1909 regarded the proof as hardly brought for these ideas, emphasizing the infinite frequency of sexual experiences of the Freudian nature in persons who do not succumb to these diseases. Kraepelin acknowledges that Freud is willing to admit that the particular form in which the sex experiences are worked up is more a phenomenon of disease than a cause thereof.

Later in his work, in Volume III, 1913, Kraepelin has another fling at Freud. Considerable attention is given to the ideas of Bleuler, Jung, and Freud as to dementia præcox. Bleuler and Jung insisted that the causes of the phenomena of dementia præcox at least have some relation to "complexes" in the sense of Freud, namely, to groups of ideas with a strong feeling tone, these "complexes" being unusually powerful in view of the predispositions which dementia præcox patients exhibit. According to Jung, the ego is

robbed of its light and air by these complexes, much as the body is robbed of its vital force by a cancer. The basis of these assertions concerning dementia præcox is supposed to be improvements or deteriorations brought about by the action of psychic causes, as well as the fact that the patients often preserve over long periods ideas which are related with emotional occurrences in their lives. Statistically speaking, however, according to Kraepelin, dementia præcox exhibits far fewer of these examples of the persistence of emotion-laden "complexes" than might be expected, and in point of fact the disease runs more or less characteristically without such so-called "complexes." To be sure, one may conceive that the ideas are repressed and transformed only to be unmasked by meticulous association experiments and dream analysis, which Kraepelin confesses is a process that is not over alluring to him when he contemplates what has already been done in the matter. On the other hand, if complexes are not causes but are nothing but the delusional ideas in which the fears and wishes of the patients are mirrored, then according to Kraepelin we are dealing merely with a new phrase for an old situation. Much more strenuous proof must be brought, according to Kraepelin, to convince the world of the existence of these psychic neoplasms which, on the one hand may be completely withdrawn from influence by the ego, but, on the other hand, are at times enabled to transform it completely and almost to annihilate it. According to Jung's idea, if a dreamer were to walk about and act in the manner of a waking person, then we should have before us a clinical picture of dementia præcox. Kraepelin dismisses this concept as not worthy of controversy. Kraepelin regards the separation of the phenomena of disease into primary and secondary symptoms as an artificial one. Riklin had, for example, regarded the negativism, false identifications of bystanders, various delusions, senseless responses, perseverations, and catalepsy, as resting upon "complexes" hindering a proper adaptation of the patient to the environment.

Kraepelin apparently looks with more favor upon Bleuler's division of the schizophrenic disorders into fundamental and accessory, the former making up the center of the clinical picture and the latter often absent. Bleuler seems to regard the complexes as influential in the form of the clinical picture, whereas Jung seems to take the complexes as the actual causes of the disease, conceiving the emotion-laden complex as acting precisely as might a trauma or an infection in producing mental disease. Kraepelin

makes clear that he does not regard the trauma or infection hypothesis as any better founded than that by complexes. If, as Jung has at times thought, the emotional disorder might produce a toxin which would in itself turn about and produce disease, then, inquires Kraepelin, why should not manic-depressive psychosis with its extraordinary display of emotional storms be the disease which should produce toxins in Jung's sense of such strength as to produce complete dementia?

Toward Abraham's application of the Freudian views on the sexual side to the theory of dementia præcox, Kraepelin takes an equally polemical attitude. He regards these concepts as belonging to "metapsychiatry." He agrees that many of the speeches and acts of dementia præcox patients are not so senseless as they appear and that sexuality plays therein an important part. Abraham regards dementia præcox as based on an "autoerotic predisposition." There is an incapacity to "Objektliebe," carrying in its train mal-attitude to the environment, involvement of the parents in erotic ideas, ideas of persecution, tendency to masturbation, and ideas of grandeur based upon a sexual over-valuation of the patient's self. The persecutors are former lovers; hallucinations always refer to a complex. The delusional system of the patient is not in the slightest degree senseless but follows the same laws as does a dream, and the complexes in question are almost without exception sexual.

Kraepelin returns once more to the question of Freud in his consideration of hysteria (1915). Kraepelin now endeavors to distinguish in hysteria two major forms: a degenerative hysteria with virtually a congenital origin and a life-long duration, and a developmental hysteria, incidental as a rule to the development of the sexual phases of life. The good therapeutic results in hysteria occur in the latter forms and are founded upon a species of education and the creation in the patient of an increased power over his emotional life and its expression. The treatment of these cases must be individual and bear in mind the total psychic personality of the patient. The central feature of the situation is what the patient believes. It is in this manner that Kraepelin endeavors to explain the good therapeutic results claimed for the Freudian procedure of catharsis. Kraepelin admits that it is possible that the awakening of repressed memories and the reduction of inner tension may produce favorable effects even at times of a permanent nature. Still, Kraepelin denies that as good results have been obtained as the world has been given to believe. Kraepelin seems willing to match the effect

of intelligent individual treatment of hysterics with any results of the Freudians. The reason for this, he thinks, is that the supposed causal relations of hysterical phenomena to repressed ideas do not exist. The process of cure, indeed, endeavors expressly to convince the patient of the connection between his symptoms and these ideas and to convince him also of the dependence of cure upon their removal. Kraepelin looks with concern upon the ventilation at any price of all possible sexual ideas and thinks that the harmfulness of the procedure must be evident to any one who reads Freud's "Bruchstück einer Hysterieanalyse."

In the reviewer's paper (1914-15) on the topographical distribution of cortex lesions in anomalies of dementia præcox (17) is a summary of Kraepelin's views as to the possibilities in the causation of dementia præcox. He lays much stress upon sexuality.

Among external causes of mental disease, Kraepelin counts not only somatic causes, such as brain disease, intoxication, and the like, but also psychic causes, among which he classifies emotion, strain, prison conditions, wars and catastrophes, and the so-called psychic infection, including epidemics, induced insanity, post-hypnotic insanity, and the like. In an analysis of 4,079 cases studied in the Munich clinic, Kraepelin finds that 2.5 per cent. of the mental diseases in question had psychic causes; these cases were especially cases of traumatic neurosis and prison psychosis.

The fourth volume (1915) contains about 150 pages of analysis of the psychogenic diseases, and contains a number of new and interesting terms. Sommer had limited the term *psychogenic* to those mental disorders characterized by influencibility in psychic ways and to a concept somewhat like the Kraepelin notion of hysteria, a disease in which emotions readily and rapidly affect the total mental life and bring about a variety of somatic phenomena, sensory, motor, vascular, glandular. Kraepelin prefers to adopt a broader concept of the term *psychogenic* and cause it to include not only hysteria but a series of other psychoses psychically caused but without hysterical signs. Without considering clinical details, the psychologist reading Kraepelin cannot fail to be interested in his division of the non-hysterical psychogenic psychoses into three forms, as follows: First, Kraepelin distinguishes the *ponopathies* or neuroses incidental to activity, such as nervous exhaustion with its causation by fatigue and overwork, its hypochondriacal feelings, its neurasthenic phenomena. In fact, the mildest forms of nervous exhaustion are very frequent and are "familiar to every one who

has been forced to work for long above his strength." Perhaps it might be well to attach Beard's term *neurasthenia* expressly to this combination of nervous exhaustion and overstimulation found in the ponopathic group. Alongside the nervous exhaustion form of ponopathies, Kraepelin places another condition which he terms *Erwartungsneurose*. This is a group of nervous disorders based on anxiety and apprehension and paralleled in normal experience by the gradually increasing inner tension produced by awaiting some critical event. The *douleurs d'habitude* of Brissaud and the *akinesia algera* of Möbius may belong here. The reviewer would suppose that this group of cases would be particularly suitable for examination by psychologists because many of the effects appear to be quantitatively and not qualitatively different from the every day phenomena of student life.

Over against the ponopathic disorders Kraepelin places what he terms the *homilopathies* or *Verkehrspsychosen*. These psychoses are essentially social and incidental to the relations of man to man. The familiar *folie à deux* or induced insanity is the most frequent homilopathy; a less frequent form is the delusional insanity of the deaf.

In addition to the ponopathies and the homilopathies are what may be called the vicissitude psychoses or *symbantopathies*. Here we deal with the psychogenic mental disorders of prisoners and with the well-known querulant cases. It is possible that this division of the psychogenic disorders in the pono-, homilo-, and symbantopathies may be suggestive to psychologists.

When Kraepelin passes from the so-called external causes to the internal ones, he calls the latter predispositions and distinguishes such general predispositions as age, sex, race, climate, living conditions, vocation, and civil status, from personal predisposition. Personal predispositions consist of heredity, mal-development, degeneration, influences of education, and idiosyncrasies. There are no striking novelties in this account. Of general as well as psychological interest is a brief description on pages 208 and 209 of the first volume of seven major groups of the psychoses. (First, somatic, 1.3 per cent.; second, syphilitic, 10.3 per cent.; third, alcoholic and drug, 22.8 per cent.; fourth, psychic, 2.5 per cent.; fifth, senescent, 5.6 per cent.; sixth, a group containing dementia præcox, epilepsy, and feeble-mindedness, 27.2 per cent.; seventh, a group containing manic depressive psychosis, psychopaths in general, and hysterics, 30.3 per cent.) The percentages are based

upon 4,079 Munich cases. The figures are perhaps of local interest chiefly, but the grouping of dementia præcox, epilepsy, and feeble-mindedness, on the one hand, and the various psychopathies and manic depressive psychoses on the other, is a suggestive indication of Kraepelin's general tendencies.

The long section on the phenomena of insanity does not require especial analysis. Perceptual disorder takes up hallucinations, clouding of consciousness, disorders of the intake of ideas, and attention. It is important for psychologists to note that the psychiatric usage of the term *consciousness* does not at all accord with the definition often applied by psychologists. The psychologist often greets with astonishment the psychiatrist's phrase to the effect that such a patient has no disorder of consciousness when it is clear that the patient is mad. A delusion for the psychiatrist, or even an hallucination, is not a disorder of consciousness.

Under the heading of disorders of intelligence are taken up the usual matters, beginning with memory and orientation, and proceeding to more complex matters after the Wundtian fashion. Under emotional disorder are considered not merely the obvious matters but also a certain number of phobias and the like. The majority of the sexual disorders are, however, taken up under the head of "the will."

Passing over the third section, we find in the section on "Diagnosis" also little of direct psychological interest except perhaps a discussion of the so-called *Zustandsbilder*, or habitual forms of disease in the manner of Kahlbaum. The logician may wonder what the psychiatrist's concept of a psychotic entity really is; perhaps here is the clearest Kraepelianian description of a modern point of view.

The section on "Treatment" has a considerable and rather closely written chapter on prevention, which should be of value in the mental hygiene propaganda. A number of questions as to the marriage of psychopathic persons and as to school hygiene are systematically taken up. The duties of the state in connection with science and education are classically pointed out. A note is made of the value of women physicians in the treatment of female patients.

The section on "Institutions" is particularly worth reading and lays particular stress on psychopathic hospitals or "*Stadtsyle*."

The clinical portion of the textbook has in places much to interest the psychologist. A careful, condensed discussion of

psychological work in alcoholism is given in the second volume. Numerous samples of handwriting, tremors, and the like, appear throughout. The psychologist's attention should be drawn to the peculiar speech disorder of Alzheimer's disease, perhaps a particular form of sticking or logoclonia. The third volume (1913) deals with dementia præcox, epilepsy, and manic depressive psychosis. Dementia præcox and a new group of mental diseases, the paraphrenias, are grouped together as endogenous deteriorations. The paraphrenias, or paranoid deteriorations, are interesting to the psychologist because of the limitation of the psychopathic phenomena to the intellectual side, and the comparatively small part played by disorders of the emotions and will therein. Paraphrenia, in fact, corresponds in large measure with the disease described by Magnan as chronic delusional insanity with a systematic development. Nothing of especial interest or psychological novelty appears in the discussion of the endogenous deteriorations unless it be the so-called schizophasia or *Sprachverwirrtheit*. (The term schizophasia is built up on the analogy of Bleuler's schizophrenia.)

The value of systematic manuscript tests in manic depressive psychosis is insisted upon. Of general interest is the description of certain fundamental states which an important proportion of manic depressive patients exhibited between their attacks. These fundamental states may even prove of characterological value. These interval states are either depressive, maniacal, irritable, or variable in such wise as to deserve the term cyclothymic. The familiar mixture of motor, sensory, and higher psychic activities is again shown in the Kraepelinian discussion of these so-called fundamental states or dispositions.

The fourth volume takes up not only the psychogenic disorders above mentioned but also hysteria with its somewhat interesting subdivision into developmental and permanent forms. The former goes on to the discussion of paranoia, certain so-called original states of mental disease, psychopathic personalities, and feeble-mindedness. The disputes as to paranoid dementia præcox, paraphrenia, and paranoia, are of subordinate interest to the psychological reader. Nor is there perhaps much essentially novel in the discussion of nervosity, obsessions, impulsive insanity, and the sex perversions. A discussion of the so-called psychopathic personalities (144 pages) promises to be of considerable value as material with which to compare such contentions as those of Healy in his book last year reviewed, *The Individual Delinquent*. Kraepelin seems to find

in his material seven groups of psychopaths. Whereas a so-called *originär* case is, as it were, a congenital victim of a mental situation which always bears the stamp of the morbid, the psychopathic personality bears rather the stamp of a personal peculiarity. These peculiar persons only arrive in psychiatric institutions under exceptional circumstances and they appear to grade over by degrees into more normal human characters. Thus the victim of nervousity, the *degeneré-supérieur*, seems to be emotionally and volitionally insufficient to the demands of life. Again, the victim of obsession has a lively feeling of domination by certain ideas or fears. The pyromaniac, kleptomaniac, or other form of so-called monomaniac, belongs also among these so-called original states of mental disease, as do also the sexual perverts.

Among the psychopathic personalities Kraepelin distinguishes a group which he terms excitable. These patients only occasionally find their way into institutions for the insane and then only on account of violent states of excitement brought about by some external occasion, usually trivial. In these excited states the patients are apt to be suicidal or homicidal, or otherwise to disturb the public order. The attacks are very brief. This group is of exceeding importance naturally from the point of view of criminology. A second group are the so-called unstable patients with lively imaginations, exaggerated ego, instability, influencibility (easily led astray), easily succumbing to alcohol, with tendency to sexual disorders, spendthrift procedures, crime, and suicide. Another group is formed by the so-called *Triebmenschen*, including some of the psychopathic globe trotters, periodical drinkers, and the like. A group of *Verschrobenen* has some relations to dementia præcox and paranoia. Another group is the classical group of pathological liars and swindlers, recently taken up by the Healy's in a special monograph (4). Other groups are the anti-social group, and a group of pathologically quarrelsome persons.

Without laying overmuch stress upon the finality of this analysis, it is clear that criminal anthropology and characterology have much to learn from psychiatry.

As to feeble-mindedness, or what Kraepelin terms *Oligophrenia*, little need here be said except that Kraepelin commends highly the modern endeavor to estimate the grade of feeble-mindedness by special methods. He terms the work of Binet and Simon a great service. He discusses briefly the pedagogical and psychological groups of tests, paying considerable attention to the work of Bobertag.

One supposes that this most extensive of all attempts by a single author to cover the field of psychiatry is Kraepelin's definitive edition. One misses therein the exact definitions which abound in Ziehen's more condensed work. One misses the artistic simplicity and originality of Wernicke's "Grundriss." In the clinical portions of the textbook enormous paragraphs bulge with phrases and descriptions evidently drawn from card catalogues or other collections of notes concerning great series of cases. The book can be rather readily skimmed by reading the first sentence of each paragraph, notably in the clinical portions. Other parts of the work are characterized by close and condensed writing. The English reader is impressed with an apparently large vocabulary, of which many words are used in a sense not far removed from clinical slang (for example, the description of a form of dementia præcox as *läppische Verblödung*). Although the work may have less psychological interest than the space devoted to it might argue, yet it seems well to insist upon the storehouse of material for psychology which systematic textbooks of psychiatry contain.

In contrast to the textbook of Kraepelin, the "Lehrbuch" of Binswanger and Siemerling contains little of psychological interest. Its general symptomatology (Binswanger) follows the same four-fold order above mentioned. It may be of value for the psychologist to have upon his shelves an occasional edition of this work to illustrate the non-Kraepelinian views of psychiatry held by a number of German alienists.

Last year considerable space was devoted to various volumes in Aschaffenburg's "Handbuch." Of the volumes which have since appeared that containing the "Etiology of the Psychoses" by Voss and "General Symptomatology" by Aschaffenburg himself is of greatest interest. The work of Voss is not subdivided into chapters and can be used conveniently with the index. There is an interesting bibliography with rather more reference to non-German literature than usual. According to Voss, the views of Freud and his followers as to the significance of psychic trauma for hysteria are in the foreground of discussion. The spirit of the sexual ideogenic factor of dementia præcox is indicated by Jung's designation of this disease as a psychogenic twin sister of hysteria. Voss has insisted upon the Freudian mechanisms in manic depressive psychosis, not to be sure for the mechanism of the "circularity" of this disease but for the non-circular symptoms; for instance, the mixed manic depressive situations are based on ideogenic complications of this

nature. Voss quotes with approval the views of Hoche to the effect that the doctrines of so-called psychoanalysis are well founded neither theoretically nor empirically. Its therapeutic effect is unproved. Its permanent gain for clinical psychiatry is nil; it conveys the impression of unscientific method; its pursuit is dangerous for the patient and compromising for the physician; and its only permanent interest is in the field of the history of *Kultur*. What Kraepelin terms the symbantopathies or *Schicksalspsychosen* are here termed situation psychoses (Siemerling, Stern).

Aschaffenburg's account of the general symptomatology of the psychoses deviates from the common order of consideration. Aschaffenburg takes up after certain matters of physical and neurological examination, first, the emotional life, and follows this with a discussion of perception, recognition, attention, and their disorders, consciousness, memory, ideation, intelligence, and judgment, and the will. The introduction contains a bit of a polemic against Freud. The psychoanalytic movement is regarded as showing how the personality of the observer mirrors itself in what is seen in the patient. It was, significantly, with the self-same method that Freud and his followers formerly read "trauma" into the words, movements, dreams, and thoughts, and now read "wish" out of the same facts; first holding trauma as the cause of nervous disorders, now the Freudians hold wishes to be their cause. Then Adler found *Minderwertigkeit*. The change of view has gone on within a few years, and the same persons are engaged in the transformation of these theoretical views. Is it not warrantable, asks Aschaffenburg, to see in psychoanalysis, just as in amentia, paranoia, dementia præcox, and manic depressive psychosis, changes of the observer in the guise of changes in observations? Is there not therein a danger of *Einfühlen*? There follows discussion of Jaspers's point of view with some remarks upon experimental psychology. The text of Aschaffenburg's account has pretence to little novelty. The literature considers Ach (will, etc.), Binet and Simon, Bleuler, Cramer (hallucinations of muscle sense, etc.), Gregor (experimental psychology), Heilbronner (classical work), Kraepelin, Liepmann, Moravcsik (association experiments, etc.), Pfersdorff (clinical symptoms), Pick (various symptoms), Raecke (epileptic phenomena), Ranschburg (pathology of memory, etc.), Rittershaus (psychology of evidence), Sommer, Taalman (association studies), Weiler (pupil examinations), Weygandt (sleep, dreams, etc.), Ziehen, and others.

A new textbook on the diseases of the nervous system has been brought out by Jelliffe and White (7). These authors divide their material into three parts called respectively, Physico-chemical Systems (vegetative or visceral neurology), Sensori-motor Systems (sensory-motor neurology), Psychic or Symbolic Systems (neuroses and psychoses). The first part of the work deals with the autonomic and sympathetic systems and the internal secretions in general and the endocrinopathies in particular. The sensori-motor neurology, so called, constitutes a condensed, up-to-date account of those matters ordinarily contained in textbooks of clinical neurology. The psychologist must be especially interested in the third part of the work, on the so-called psychic or symbolic systems. The authors take the field of the neuroses and psychoses to be not only the broadest field in psychiatry but perhaps the broadest field in medicine. The authors consider that the baby in its mother's uterus has no desires, but the phase of desire begins shortly and the "amoral egocentric baby" is forced to order his conduct "along certain lines which imply a putting off of the satisfaction of desire." "Conflict is at the very basis, the very root, of mental life." "Some thinking is dictated by reality motive, other thinking by phantasy formation in which the reality motive is replaced by the pleasure-pain motive. The desires which belong to infancy, thus early repressed and substituted by other forms of activity, constitute the material out of which the desire is formed and the material from which come the activating moments for phantasy formation." "Between this realm of the unconscious which contains relatively infantile material only and the realm of the clear conscious, there lies the realm of the so-called fore-conscious which contains the material of recent experience." Important constituents of this unconscious realm are the early jealousy of a younger brother or sister who deflects affection otherwise monopolized by the child; love of the parent, characteristically the parent of the opposite sex, and the like. "For example, a patient marries a man who unfortunately presented a number of very close resemblances to her father. These resemblances serve to stir into activity the unconscious love for the father, and she therefore, in her feelings toward her husband is outraged beyond all endurance, for it is as if she were married to her father. Life with her husband is quite unendurable. She is constantly flying into passions, insulting him, upbraiding him, etc." Of course such a patient should have been able to emancipate herself from the necessity for the love of her

father; but there had been an "undue fixation" on the infantile level, hence there will occur a "driving back of the psycho-physical energy within the individual under conditions of stress."

The technique of finding the content of the unconscious—that is, whether the patient had symbolically married her father—is by a study of dreams. The psychoneurosis, like the dream, is a compromise between desire and fulfilment, but it is also "a wish-fulfilling mechanism that brings to pass the fulfilment, both of the wish in the foreconscious, the wish with reference to the difficulty that caused the introversion in the first place, and also the wish in the unconscious, the wish at the fixation point, which serves as a pull-back once the introversion has started."

Besides the commonly accepted psychoneuroses, an exposition is made of the so-called *actual* neuroses. Neurasthenia is a condition resulting when the discharge of sexual energy is inadequate upon the somatic side. Anxiety neurosis is the disease which occurs when the discharge is inadequate in the psychic sphere. Yet the anxiety "while it is a psychic fact, is still not of psychic but somatic origin." Its "source can only be found at the physiological level. This anxiety arising at the physiological level and manifesting itself in the psychic sphere then becomes a free floating anxiety," which may attach itself to any idea and therefore appear to be of psychic origin. "While fear is the emotion which corresponds to a danger threatening the organism from outside, anxiety corresponds to a danger which threatens the organism from within."

On pages 624 to 631 is an account of the technique of psychoanalysis, which is defined in general as "an analysis of the patient's mental condition sufficiently complete to thoroughly understand the somatic manifestations of his malady." The patient's original statement is made as far as possible without interruption. Exact arrangements for consultation, "preferably not less than three times per week, of an hour's duration each," are made, and arrangements made for the fee. Psychoanalysis should not be performed while the patient is under the care of another physician. As to the psychoanalytic conversation, "it really makes very little difference how one starts." "During the course of the psychoanalytic conversations one will get very shortly to a point from which progress seems to be impossible, for it does not take long to exhaust the consciousness of the patient. One then has to penetrate the foreconscious, which is relatively easy, and the unconscious, which is relatively difficult. The method of procedure here is the method

by free association." At this critical point, the patient is made to relax so far as possible into a condition of perfect passivity, whence he is to observe his thoughts and recount them. At the outset of this condition of passivity, patients often will not speak for a time, or state that nothing is entering the mind. This circumstance is due to the interference of the repressed complexes. It is then explained to the patient that his mind cannot be "an absolute blank." Absurd, inconsequential, extremely disagreeable ideas must be vouchsafed to the physician, who will utilize them even if the patient cannot. Hesitations, stammerings, mistakes, slips of the tongue, must be recorded, since such matters may be due to the fact that the repressed complex is "struggling, as it always is, for expression." But the most important single aid in determining the content of the unconscious is the dream. Split-off complexes are actively repressed by the patient and express themselves in symbolic form. "The physician is, therefore, so to speak in a position to come up on the blind side of the patient." The mechanism of cure seems to depend upon the ability of the patient to deal with the elements of his conflict frankly, openly, and intelligently. Most neurotics have psychoneuroses or "introverted psychoses"; that is, their interests are turned within upon themselves. "In the course of psychoanalysis, it often happens that the interest of the patient turns from himself to the physician (the phenomenon of transference, the barometer of the relationships between physician and patient)." "Transfer dreams" of the physician occur. The contents of these transfer dreams are often of value in the critique of the physician. If the transference is too intense, it must be discussed with the patient and analyzed "so that there is no misunderstanding as to what his real meaning might be." "It is because of the necessity of transfer to the successful psychoanalytic handling of a case that it is undesirable to have another physician treating the patient at the same time. The other physician might acquire the transfer, and this would prevent the psychoanalyst from accomplishing anything." "At the conclusion of the treatment, when the transfer has been fully analyzed and the patient understands what it means, then the physician steps aside." "It must be borne in mind that the symptoms of a neurosis or psychoneurosis might cover and conceal a true psychosis."

I have made the above excerpts from the work of Jelliffe and White, not because they adequately represent the scope of the work, which is a textbook entirely suitable for third year medical

students of neurology, but it seems worth while for the psychologist to know what is the present-day attitude of some leading neurologists toward psychoanalysis. The textbook is supplied with an excellent array of diagrams.

A translation of Jung's book, "Wandlungen und Symbole der Libido," by Beatrice M. Hinkle, of New York, has been published under the title, "The Psychology of the Unconscious" (8). The poetic quotations have been translated into English by Mr. Louis Untermeyer. An introduction by Hinkle gives a brief historical account of the work of Freud and Jung, the development of the ideas of Bleuler and Freud, the utilization and giving up of hypnosis, the adoption by Jung of the term *complex* for important groups of ideas or impressions with feelings and emotions clustered around them, the concept of repression and of resistance, the concept of the unconscious "used very loosely in Freudian psychology and conforming strictly to the dictionary classification of a 'negative concept which can neither be described or defined,'" the early theory of infantile sexual trauma and its abandonment in favor of the infantilism of sexuality, the observation of the polymorphous perverse childish expressions of sexuality, the Freudian concept of sexuality ("practically synonymous with the word *love*"), the importance of phantasy-making and indulgence in day dreams, the observation that these phantasies and "queer thoughts" are traceable to distinct wishes and desires, the discovery of the importance of dream analysis and the symbolic nature of dreams, Abraham's identification of the myth as a fragment of the infantile soul life of the race, the concept of transference, the development by Freud of the idea of *libido*, the discovery of the so-called Oedipus-complex as the nuclear concept of every neurosis, the concept of the incest barrier, and the concept of fixation of *libido* upon early objects with failure of development of normal psychosexual character—all these and other phases of the history of Freudism are briefly told. The remainder of the introduction deals with the differences between Freud and Jung: Jung is unable to confine himself to the limitation of the term *sexual*, even to the wide significance ultimately allowed by Freud. The term *libido* for Freud means the concept of "unknown nature," comparable to Bergson's *élan vital*, a hypothetical energy of life "occupying itself" with sexuality but also with growth, development, hunger, human activities and interests; in short Jung identifies *libido* with "cosmic energy or urge" and compares it with the energy of physics. Many of the diffi-

culties in life are due to the withdrawal of *libido*, which is almost tantamount to losing interest in one's surroundings since it is the *libido* "that we bestow upon an object that makes it attractive and interesting."

Again, Jung differs from Freud as to the so-called polymorphous perverse childish manifestations of sexuality. According to Jung, the first stage of human life up to about the third or fourth year is the presexual stage, corresponding perhaps with the caterpillar stage of the butterfly. The second stage runs until puberty (the pre-pubertal stage). Thereafter comes the third, or adult, stage. The point in the so-called polymorphism of the presexual stage is, according to Jung, a gradual movement of the *libido* "from exclusive service in the function nutrition into new avenues"; of it is fixation of the *libido*, it is arrest or retardation at any phase which creates neuroses. An important childish *libido* occupation is phantasy-making. Those who stick in this phase are introverted. As to the nuclear or root complex of Freud, Jung feels that it is not the real father and mother who inhabit the complex, but rather an *imago*, or subjective, father or mother. The Oedipus-complex of Freud is for Jung symbolic, and Jung does not accept the theory that in the early stage of childhood the mother has any "real" sexual significance for the child. In direct opposition to Freud's notions, Jung does not see in the infantile phase any real cause for the later development of a neurosis. In fact, the seeking for a cause in the past is merely to follow the desire of the patient to withdraw himself as much as possible from the situation which the disease presents. Let there enter some important task for the fulfilment of the ego of the individual, let an obstacle arise, *libido* is stirred up and regression occurs, vast ways of *libido* occupation are re-animated, regressive infantile desires and phantasies are converted into symptoms; "therefore Jung does not ask from what psychic experience or point of fixation in childhood the patient is suffering, but what is the present duty or task he is avoiding, or what obstacle in life's path he is unable to overcome." Thus, according to Jung, the "elaborate phantasies and dreams produced by these patients are really forms of compensation or artificial substitutes for the unfulfilled adaptation to reality. The sexual content of these phantasies and dreams is only apparently and not actually expressive of a real sexual desire or incest wish, but is a repressive employment of sexual form to symbolically express a present-day need." According to Hinkle, we must consider as established a definite psycho-

logical "determinism." Again, we must feel that the conscious mind is relatively far less important than the unconscious. (The image of Stanley Hall is quoted in which the conscious mind is compared to the eighth of an iceberg visible above the water.) Again, these doctrines indicate the empirical basis of a "dynamic theory of life." We must recognize the existence of infantile sexuality. Parents and teachers must recognize the requirements of nature. The greatest effort of the individual in life is what is called by Jung "self-sacrifice," the sacrifice of the childish feelings and demands and irresponsibility.

The work itself is in two parts, the first largely dealing with a phantasy system of one Miss Frank Miller (1906). It also deals with the "Hymn of creation" and the "Song of the moth," with comments on Christianity and mythology. This part of the work deals elaborately with phallic symbolism, with numerous ingenious quotations from the Bible, Faust, and other works. The second part of the work develops the widening of the concept of *libido* and its transformation, the "myth of the hero," the terrible mother, the "battle for deliverance from the mother," the dual mother rôle. (Here considerable use is made of Hiawatha.) "The object of psychoanalysis has frequently been wrongly understood to mean the renunciation of gratification of the ordinary sexual wish, while, in reality, the problem is the sublimation of the infantile personality, or, expressed mythologically, a sacrificing and re-birth of the infantile hero." One patient "makes use of classical forms. She dreamed of a mighty eagle which is wounded in beak and neck by an arrow. If we go into the actual transference phantasy (eagle equals physician, arrow equals erotic wish of the patient), then the material concerning the eagle (the winged lion of St. Mark, past splendor of Venice, beak means remembrances of certain perverse actions of childhood) leads us to understand the eagle as formation of infantile memories which in part are grouped around the father. The eagle, therefore, is an infantile hero who is wounded in a characteristic manner on the phallic point (beak). The dream also says, 'I have renounced the infantile wish, and sacrificed my infantile personality' (which is synonymous with, I paralyze it, castrate the father or physician)."

The notes on the work exhibit learning not only in psychoanalytic literature but also in psychiatric literature. There are also numerous references to American work; references to Greek mythology and to Christianity are also frequent.

As to dementia præcox, Jung notes that "it is extremely unfortunate that this malady should have been discovered by the psychiatrists, for its apparently bad prognosis is due to this circumstance." Asylum cases, Jung believes, are not characteristic of early forms frequent in general practice such as Janet has described under the name of psychasthenia. These cases, according to Jung, fall under Bleuler's classification of schizophrenia. In private practice Jung terms these introversion neuroses. Whereas transference is the characteristic feature of hysteria, introversion dominates in so-called dementia præcox. Jung appears to identify Janet's psychasthenia, Bleuler's schizophrenia, his own introversion neuroses, and Kraepelin's dementia præcox.

Ingenious observations abound. "Just as traces of memories long since fallen below the threshold of consciousness are accessible to the unconscious, so too there are certain very fine subliminal combinations of the future, which are of the greatest significance for future happenings insofar as the future is conditioned by our own psychology." Along some such lines might be explained the prophetic significance of the dream long claimed by superstition. If the scientific man of today is adverse to this line of thinking, he is merely over-compensating.

In the book just reviewed, Jung admits that he will be charged by some mysticism. This charge cannot be brought against Holt in his important work, "The Freudian Wish and its Place in Ethics" (5). According to Holt, Freudian is not synonymous with sexual and the talk about sexual in connection with Freud is another instance "of that infallible insistence of the cheap press and the vulgar mind to seize on unessentials." Freud has given to the science of mind a "causal category." The Freudian key is "the first key which psychology ever had which fitted." Holt believes it is the only key that psychology will ever need. Freud is making "comfortably established professors look hopelessly incompetent." Frivolous critics have dropped the remark that Holt's book deals neither with wishes nor with Freud. The serious basis for such a frivolous remark is that the doctrine of response and cognition first published by Holt in the *Journal of Philosophy, Psychology and Scientific Methods* (reproduced as a supplementary chapter in the "Freudian Wish") is a scientific concept having a quite non-Freudian origin. This supplementary chapter deals with what Holt calls the specific response relation and with cognition and response. It can be no duty of a psychopathologist to criticize

this doctrine of behavior relations as cognitive. The sort of tendency which Holt represents is found in at least four groups of workers, the American realists, the English realists, the French and Russian objective psychologists, and the behaviorists. The Freudians themselves, Holt thinks, probably also exemplify the tendency, to say nothing of pragmatists and radical empiricists. As far as the behaviorists are concerned, Holt regards Bethe as a good example and states that his description of the complex behavior of ants and bees is itself a description of consciousness.

To return to the psychopathological interest of the book, we discover that a wish is for Holt "any purpose or object for a course of action, whether it is being merely entertained by the mind or is being actually executed." A wish is dependent on a motor attitude of the physical body, which goes over into action and conduct when the wish is carried into execution. Freudian psychology deals with an interplay of wishes and is accordingly a dynamic psychology. The energy, corresponding to the term *dynamic*, is for Holt in the nervous system itself, since the nervous system "establishes the motor attitudes and their conflicts and actuates the muscles to the performance of conduct."

A series of interesting examples of Freudian anecdotes and interpretations is given to illustrate the meaning of the term *wish*. The Freudian wish, according to Holt, "transforms the principal doctrine of psychology and recasts the science; much as the atomic theory and later the ionic theory have re-shaped earlier conceptions of chemistry." This so-called wish "becomes the unit of psychology, replacing the old unit commonly called sensation." "The advent of specific response or behavior is the birth of awareness" and therefore the birth of psychology itself. "Specific response is not merely in some random direction; it is toward an object, and if this object is moved, the responding organism changes its direction and still moves after it; and the objective reference is that the organism is moving with reference to some object or fact of the environment." In the pistol or the skyrocket, the process released depends wholly on factors internal to the factors released; in the behaving organism, the process depends partly on factors external to the mechanism. These external objects are as much constituents of the behavior process as the organism itself.

Specific response, identical with the Freudian wish, is "a course of action which the living body executes or is prepared to execute with regard to some object or some fact of its environment." "The

essential physiological condition for thought is the lambent interplay of motor attitudes." As in some sense supporters of such a doctrine, Holt cites Spinoza, Herbert Spencer, James, Darwin, Jennings, Bethe, Sherrington. A few quotations will serve to indicate the further contents of the book. Thought is "latent course of action with regard to environment or a procession of such attitudes." "There are two elemental appetites: the nutritive (including that for oxygen) and the sexual; possibly more." The ways of meeting moral dilemmas are four: "One way is to resist the present dominations, which means to suppress the wish." "A second way is to forget (that is, to suppress) the righteous precepts learned." "A third way is no better; it is the way of those who undertake to follow both of two conflicting courses, the path of compromise." Dr. Jekyll and Mr. Hyde form an example. "But there is a fourth way of meeting a dilemma, a way that involves integration and not dissociation or yet suppression." "It consists in a free play of *both* the involved sets of tendencies, whereby they *meet* each other, and a line of conduct emerges which is dictated by *both* sets of motives together, and which embodies all that which was not downright antagonistic in the two." "Facts are moral sanction: and facts impose the most inexorable moral penalties." This suggests the Hegelian thesis and antithesis and synthesis, but according to Holt the similarity is superficial.

Another American book looking in the ethical direction is that of William and Mary Tenney Healy on "Pathological Lying, Accusation and Swindling" (4). This is the first of a series of criminal science monographs, being supplements to the *Journal of Criminal Law and Criminology*. "Pathological lying is falsification entirely disproportionate to any discernible end in view, engaged in by a person who, at the time of observation, cannot definitely be declared insane, feeble-minded, or epileptic." The study is in line with the original studies of Delbrück in 1891 on "Pseudologia Phantastica." Note is made of the work of Ferriani, Duprat, and Stanley Hall on the general topic of lying. Brief analyses are offered of the cases of Delbrück, Köppen (1898), Risch (1908), Vogt (1910), Stemmermann (1906), Jörger (1904), Henneberg, Wendt, Bresler, Koelle, Belletrud, and Mercier (1910), Rouma (1908), and Meunier (1904).

Healy himself deals with twelve cases of pathological lying and swindling, of which Case 3 classically represents the type. "A woman of 27 years (usually claiming to be 17), during a career of 7

or 8 years has engaged in an excessive amount of misrepresentation, often to the extent of swindling. Alleging herself to be merely a girl and without a family, she has repeatedly gained protection, sometimes for a year or more, in homes where her prevaricating tendencies, appearing with ever new details, have sooner or later thwarted her own interests. By extraordinary methods she has often simulated illnesses which have demanded hospital treatment. For long she was lost to her family, traveling about under different names, making her way by her remarkable abilities and unusual presence."

There are nine cases of pathological accusation; six other instances of mental types are separately presented.

Pathological liars are found by the Heals to show the same traits in the laboratory as they do on the witness stand or in general social life. Some of the pathological liars are not greatly suggestible with regard to ideas of others. Hereditary taint is strong; at all events, the great majority of cases show striking defects in the stock. Eighteen or nineteen mentally normal cases were female. "A general observation by practical students of conduct, namely, that females tend to deviate from the truth more often than males, is more than thoroughly borne out here." The writers state that masturbation, including its indirect effect, particularly upon the psyche, appears to be a very important feature of these cases. "The early mental experiences of many of our group of mentally normal pathological liars have been shockingly bad." "No less than 8 of the 19 have had very early untoward sex experiences." "The fact that several of our cases started lying from the time when there occurred some experience accompanied by a deep emotional contest, and that this experience and the emotion were repressed seems to point clearly to the part which repressed mental life may play in the genesis." Four cases (1, 4, 7, and 19) have shown an immensely favorable outcome, and the years have gone by with nothing but steady improvement. The pathological liar should be directly met upon the level of the moral failures, and it should be made plain to her that these are known and understood. Instructive treatment should utilize the powers of the liar. There should be ample gratification in self-expression and in use of the imagination. One case in the literature is noted who found himself capable of "leading a blameless life by becoming a newspaper man." In fact, verbal fluency is closely related to pathological lying (Case 11). There are a number of cases cited of special language ability.

It is to be hoped that the work of the Healys will be continued in a long series of monographs, since by such work the points of view of medicine, psychology, and psychopathology will eventually infiltrate the courts and the preserves of criminology and even of penology. The laity are becoming interested in these matters. A lawyer, E. V. Mitchell, has published a small book, "Hospitals and the Law," valuable for its citation of numerous medico-legal cases (12).

Stephen Smith, under the title "Who is Insane?" (16), has published a work dedicated to the memory of William Prior Letchworth. Dr. Smith was commissioner in lunacy in New York from 1882 to 1888. This book is readable and anecdotic. "There is no sure sign of insanity." There are chapters on the derangements of the brain, on the periods of life, and on a variety of rather startling cures. During Dr. Smith's commissionership, mechanical restraint ceased. Dr. Smith thinks that an ideal arrangement of the ordinary state asylum would be to create the following divisions of administration: research, curative, industrial, custodial, and hospital divisions. He would have every patient on admission assigned to the research department. After satisfactory diagnosis, he would have the patient discharged or transferred to one of the other four divisions. The curative department he would have under the exclusive control of the research staff. He would have the research and curative departments practically one in organization, with an official head consisting of a board with an alienist, a physiologist, a pathologist, and a psychopathologist. There should be subordinate officers serving as field workers. Smith heads further chapters "Cure the Curable" and "Use the Usable." Smith commends psychopathic hospitals and similar improvements in the care and study of mental disease.

The first monograph of the Psychopathic Hospital in Boston is that of Professor Yerkes (22), "A Point Scale for Measuring Mental Ability" (R. M. Yerkes, J. W. Bridges, Rose S. Hardwick). This book is dedicated to the memory of Alfred Binet and Edmund B. Huey. Yerkes states that the suggestion for his type of scale was taken from the work of the late Dr. E. B. Huey. The Binet Age Scale with its several groups of measurements and its "all or none" method of giving credit was yielding less satisfactory information than the interests of the Psychopathic Hospital demanded. Yerkes preferred to use the Binet tests themselves rather than evaluate new material. He felt that it would be best to determine the value

of the single-series and partial-credit ideas before attempting to develop a final form of point scale. Accordingly the materials deal with a pre-adolescent scale, rather than a universal scale. A final chapter, however, deals with proposals for a universal point scale, and I am informed that a scale suitable for adults has now been laid down by Yerkes and Rossy. Ten principles of a universally applicable measuring scale of mental ability are presented. No extended review of this work is here necessary, since the merits of a variety of scales are being rapidly evaluated in the literature. Use has been made of this scale not only as routine work with the Psychopathic Hospital patients but also in practice with candidates for employment at the Psychopathic Hospital. It is a question whether the scale or some similar product may not be superior to methods used by civil service boards for evaluating their candidates.

The publications of the Psychopathic Hospital in Boston other than the monograph just mentioned consist of numerous short papers, some of which are of psychopathological interest. The most interesting are probably those which deal with the test proposed by Prof. E. G. Martin for determining the minimum faradic sensibility of subjects. This work in the Psychopathic Hospital has been carried out by Dr. G. P. Grabfield. The results have been of some prognostic value in alcoholic cases, since a persistence of hypesthesia, even when other symptoms have apparently cleared up, seems to argue a prolonged danger zone. The depressive phase in manic depressive psychosis appears to show a heightened threshold, whereas depressions in neurasthenia and the psychoneuroses have failed to show such.

Articles on the optic thalamus (18) by the reviewer contain some points of psychopathological interest. The motor or psychomotor symptom *cerea flexibilitas* or catalepsy seems to be, according to the suggestions of the former paper, possibly a disorder of kinesthesia. The possibility that the thalamus is an appropriate site for subcortical focalizing of the attention is developed in the paper on the optic thalamus.

The *Transactions of the American Medico-Psychological Association* (1) contain the annual address by D. S. Freeman, Ph.D., now a practical newspaper man, on "Publicity and the Public Mind," written on the basis of a variety of recent works on social psychology. Other work of interest to psychologists concerns out-patient work in Massachusetts State hospitals and a survey of defective delinquents in Massachusetts institutions, both by A. W.

Stearns. H. J. Berkley contributes a discussion of the psychoses of the "high imbecile." There are a number of discussions of the occupation of patients but none of these take up the matter from the psychological point of view, which seems to be thoroughly neglected in precisely the region where it might have routine application, namely, in insane hospitals.

The Proceedings of the Conference on Charities and Correction at Baltimore (3) contain remarks on psychology, notably in the section on state care of the insane, feeble-minded, and epileptic, by Fernald, Meyer, Goddard, Southard. Meyer believes that the problem of the prevention of mental defect, mental disease, might deal with: first, the difficulty of finding one's level; second, alcoholism; third, venereal disease; fourth, heredity. Hospitals, dispensaries, mental hygiene organizations, school physicians, psychopathologists in juvenile courts, boards issuing working permits for minors under the age required by child labor laws, etc., are active agencies.

Abraham Flexner contributed an interesting paper on "Is Social Work a Profession?" He comes to the conclusion that social service is rather a mediating order than an originating agency. A decision upon this question is of the greatest importance, as the reviewer knows from personal experience; and the relations which the sociologist or specialist in social effects, the practical social worker, the academic psychologist, and the practical psychopathologist, present in the practical management of agencies dealing with psychopathic cases need to be worked out with the greatest care in the next few years.

Laehr (9) briefly considers "Psychopathia Gallica" of Löwenfeld (11), speaking of the incredible misconstruing of Germany and the unmeasured hatred of German people which the French especially have shown. It was Groddeck who, in 1848, spoke superficially of what he called *morbus democraticus*. Now Löwenfeld has taken up the task. To be sure, says Laehr, Löwenfeld has not followed the fashion of Toulouse, who has regarded the Belgian alleged facts as characteristic phenomena of mob-psychology and has described delusions of grandeur and persecution on the part of the German people. Löwenfeld considers this *psychopathia gallica* as a disease whose prognosis is not unfavorable in case the war ends as the Germans hope. The Dreyfus case is thought to be an ante-bellum epidemic of mental disease in France. The revenge idea has gone to such a point as to permit the vassal relation of the republic to absolutistic Russia. This revenge idea has, in fact, caused in France a *Minderwertigkeit* re intelligence and morals.

Benda (2) has also launched a question in a newspaper: "Ist das französische Volk zurechnungsfähig?" Löwenfeld and Benda agree that the French people have developed the revenge idea in the so-called *überwertig* manner on an hereditary basis, Löwenfeld regarding this basis as psychopathic and Benda regarding it as hysterical. The revenge idea is regarded as morbid because there is no factual basis for the judgments rendered. Benda regards the leaders of the French people as responsible for the situation. Löwenfeld regards the whole people as victims of psychopathic *Minderwertigkeit*. Laehr regards the hypothesis of the morbid mental state of the French people as unfounded. Laehr thinks the idea of *psychopathia gallica* would best not be regarded as more than a clever play of thoughts, partly on the ground that if the French people are to be regarded as suffering from disease then they would be the object of compassion at the end of the war. There should be neither compassion nor revenge at the end of the war.

Sokolow of Wil, Switzerland, contributes two articles (19, 20) on experimental auditory hallucinations brought about by peripheral stimuli. He concludes that auditory hallucinations may be brought about by acoustic and other stimuli although acoustic stimuli are more effective. The first experiments indicated that the pitch of the stimuli and of the hallucinations varied directly, but later experiments seemed to indicate that this result was to be found only in persons with a certain musical ear. He found that the rhythm of the hallucinations follows very closely the rhythm of the stimuli; that in the case of auditory hallucinations produced electrically there was a certain dependence of the hallucinations upon the nature of the current employed; but that there was no relation between the intensity of the current and the pitch of the hallucinatory words. Full protocols are given.

Lomer (10) continues previous work on the graphological signs of imbecility, classifying the deviations from normal under a variety of headings, such as tremor, oblique writing, large handwriting, etc. (nine headings), with investigations in 19 cases. He regards a number of these deviations as having mental value, being primary properties of handwriting. Secondary and tertiary groups of the peculiarities permit some conclusions as to dementia and its course. The writer regards his conclusions as provisional.

Raecke (15) calls attention to certain situation psychoses (a term proposed by Siemerling and favored by Stern), stating that in

the course of a dementia præcox there may occur some complexes just as clearly psychogenic in origin as in hysteria—complexes produced by the situation. It would be unfortunate to call prison psychoses psychoses of degeneration if certain cases in the prison group should turn out to be truly situation psychoses. These situation psychoses remind one of the symbantopathies of Kraepelin above-mentioned.

Stransky (21) re-introduces the topic of transitivity (Wernicke), presenting an example of what he calls associative or noöpsychic transitivity, not because the case failed to show affective disorder (failed, that is, to be thymopsychic) but because it was predominantly an associative disorder of a nature termed by Stransky *paracritical*. There is probably a transitivity of, as it were, a paralytic nature in which associative power is lost, and another form discussed by Pick in which the disorder is "productive." The mistaking of personalities of schizophrenia is regarded by Stransky as of another order, in which ataxia or incoördination is the fundamental difficulty. Probably Wernicke's transitivity as originally described belonged to the schizophrenic group. Although Stransky chiefly considers the noöpsychic form of transitivity, he regards the emotional or thymopsychic form as more frequent.

Pick (14) discusses echolalia, remarking on the new light thrown into the aphasia doctrines by the celebrated chapter of James's "Psychology," entitled "Stream of Thought." Pick regards echolalia as due to the loss of inhibitions rather than to irritative phenomena.

The *Revue Neurologique* (13) in a special number presents numerous analyses of the literature of the nervous system in the war, including articles on the psychoses by Régis, Bechterew, Lugaro, Ballet, and Grasset.

Attention may be called to the excellence of the reviews of articles on psychology and general psychopathology in the *Zeitschrift für die gesamte Neurologie und Psychiatrie* (Section 3 of the Referate).

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NOTES AND NEWS

THE present number of the BULLETIN, dealing with psychopathology, has been prepared under the editorial direction of Dr. E. E. Southard, of the psychopathic department of the Boston State Hospital.

REPRINTS of Professor Knight Dunlap's article on psychological terminology have been sent to all members of the American Psychological Association by the Committee on Terminology.

THE following items have been taken from the press:

AT Stanford University Professor Lillien J. Martin has been made professor emeritus of psychology.

PROFESSOR RAYMOND DODGE, of Wesleyan University, has been appointed Ernest Kempton Adams research fellow of Columbia University, for the year 1916-1917.

AT the University of Chicago Dr. Harvey Carr has been promoted to an associate professorship and Dr. Joseph W. Hayes to an assistant professorship in psychology.

THE department of psychology of the Johns Hopkins University will be divided temporarily. One part under the direction of Professor J. B. Watson, will be housed in the Phipps Psychiatric Clinic, the other part will be removed to the new academic building at Homewood, and will be under the direction of Professor Knight Dunlap. In the planning and in building the Phipps Psychiatric Clinic provision had been made for a psychological laboratory, but the laboratory was not established.

